

Name
in
Full

Reggie Bennett

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

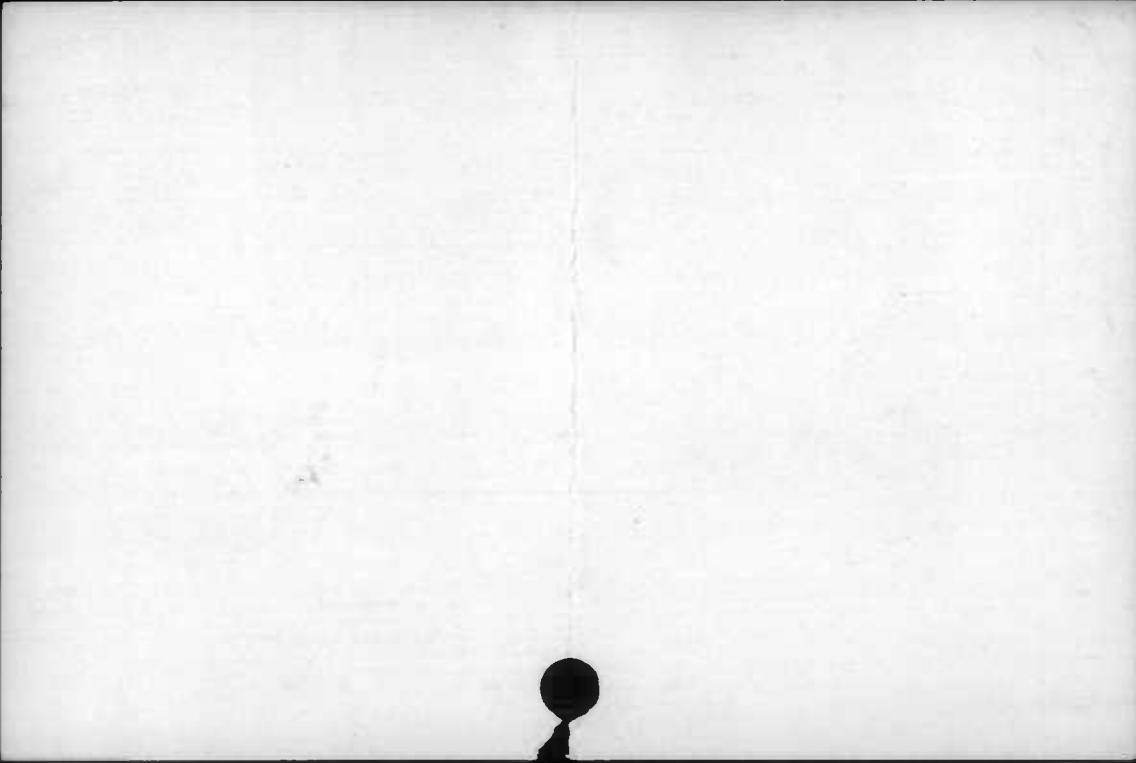
Died at ^{Town} Near Redgville ^{County} HowardDate of death 1950 ^{Month} Feb ^{Day} 14 ^{Age} 84 ^{Years} ^{Months} ^{Days}Sex Male ^{Color or Race} White American ^{Birth-place} MontgomeryOccupation Farmer ^{Where Residing if not at place of death} Near RedgvilleMarried, Single or Widowed Widowed ^{Name of Wife or Husband} Elmore BobbsFather's Name Daniel Bennett ^{Father's Birthplace} UnknownMother's Maiden Name Unknown ^{Mother's Birthplace} UnknownName of person giving information Chas. E. Bennett ^{How related to deceased} Son

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONERPrimary Organic heart disease ^{How long} 3 yearsImmediate Asthma ^{How long} 10 daysAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} J. E. Bronciwell^{Address} Mt. Airy

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William A. Boswell

Town County

Died at near Highland Howard

MARYLAND

Date of death 1960 Feb. 14th Age 70

Month Day Years Months Days

Sex Male Color or Race white Birth-place Md

Occupation Farmer Where Residing if not at place of death near Highland

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name George Boswell Father's Birthplace Md

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Thos. Barnett How related to deceased none

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Influenza How long Five days

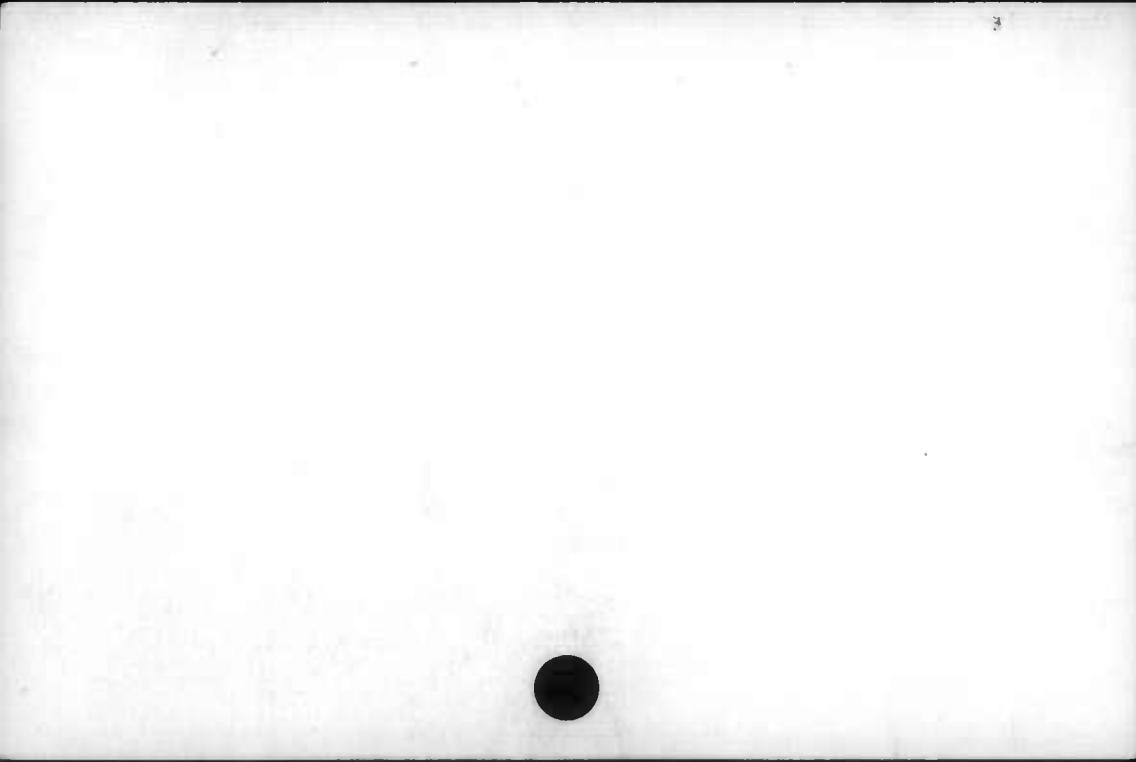
Immediate Cardiac Asthenia How long Progressive

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. M. L. Givell

Address Highland, Md.

Accident or Suicide



Name
in
Full

Alice A. Brightwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

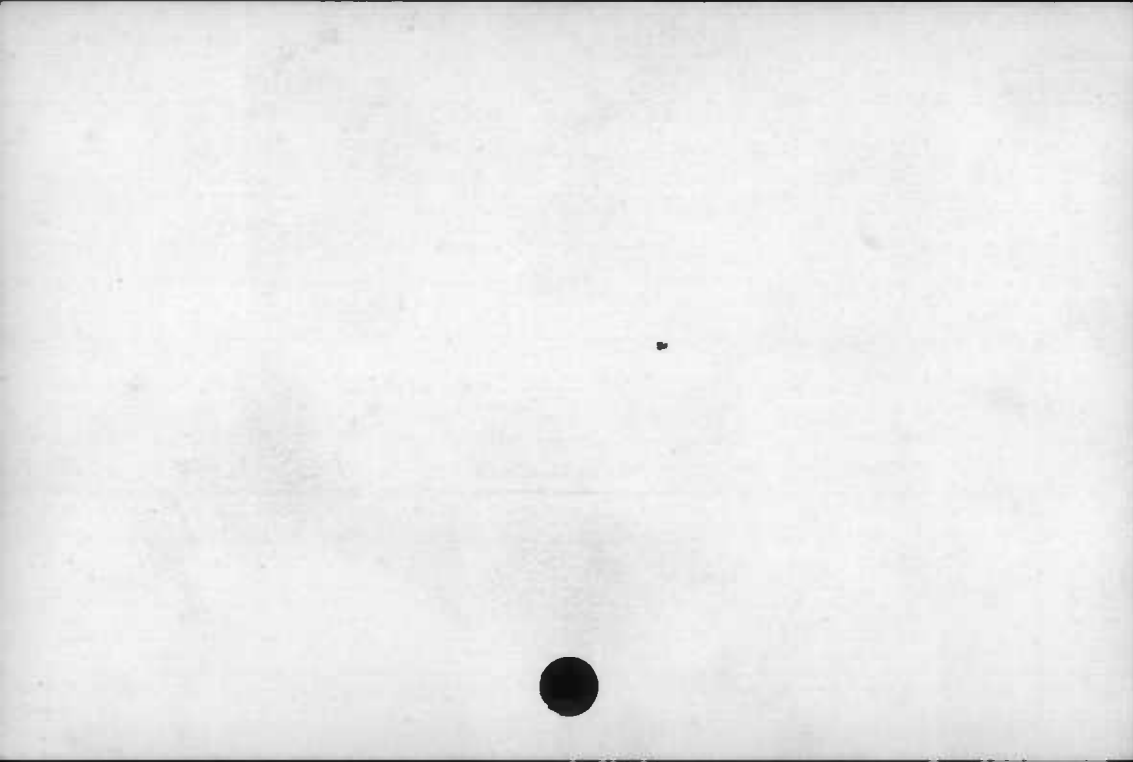
Died at <u>Lisbon</u> Town		<u>Howard</u> County	
Date of death <u>1940</u> Month <u>February</u> Day <u>24</u>	Age <u>58</u> Years	Months <u>One</u>	Days <u>24</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-Place <u>Carroll Co., Md</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at Home</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Charles A. Brightwell</u>		
Father's Name <u>John Bloom</u>	Father's Birthplace <u>Trk Co. Md</u>		
Mother's Maiden Name <u>Rachel Buckingham</u>	Mother's Birthplace <u>Trk Co. Md</u>		
Name of person giving Information <u>Oliver Brightwell</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Bright's disease</u>	How long <u>about 2 years</u>
Immediate <u>Heart failure</u>	How long <u>short time</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. O. W. Woolfield</u>
	Address <u>Lisbon, Md</u>
	<u>Howard Co</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

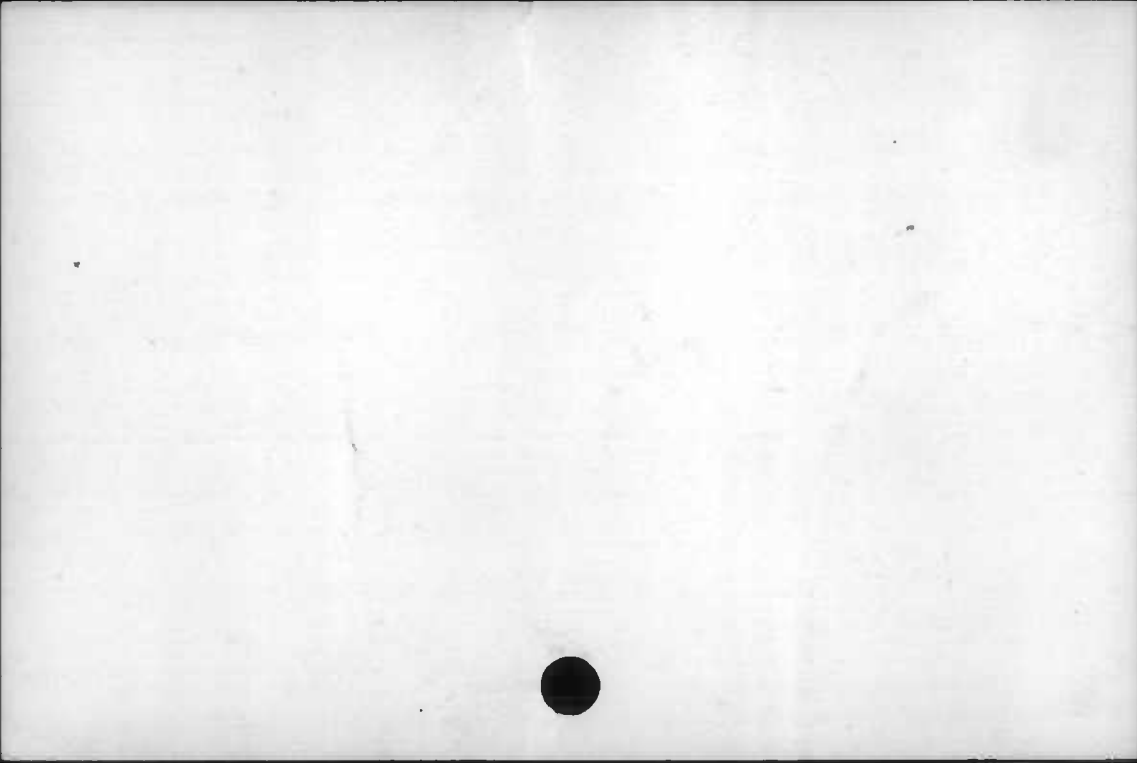
Died <i>Near Lisbon</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1960</i>	Month <i>February</i>	Day <i>17</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>at Home of Brother</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Wesley Burrette</i>	Father's Birthplace <i>Montgomery Co. Md</i>						
Mother's Maiden Name <i>Mary Harp</i>	Mother's Birthplace <i>Carroll County Md</i>						
Name of person giving information <i>Edna Euser</i>	How related to deceased <i>Saughter</i>						

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>about 6 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>5 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R.O. Mayfield</i>
	Address <i>Lisbon Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lafayette Cooling
Town *Guilford* County *Howard* MARYLAND
Died at
Date of death 1901/9 Month *Feb* Day *4th* Age *23* Months *11* Days *18*
Sex *Male* Color or Race *white* Birth-place *Guilford*
Occupation *none* — Where Residing if not at place of death —
Married, Single *single* or ~~widowed~~ Name of Wife or Husband *none* —
Father's Name *Amos W Cooling* Father's Birthplace *Howard Co*
Mother's Maiden Name *Laura Lavina Brown* Mother's Birthplace *Howard Co*
Name of person giving Information *Amos W Cooling* How related to deceased *father*

CAUSES OF DEATH

92 ✓
How long

PHYSICIAN
OR CORONER

Primary *Pneumonia*
Immediate *Collapse*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *D. C. C. Timbleson*
Address *Guilford Md.*
Accident or Suicide

Caroline Parish Cemetery

508

Name
In
Full

Rosa Lee Duwall

CERTIFICATE OF DEATH

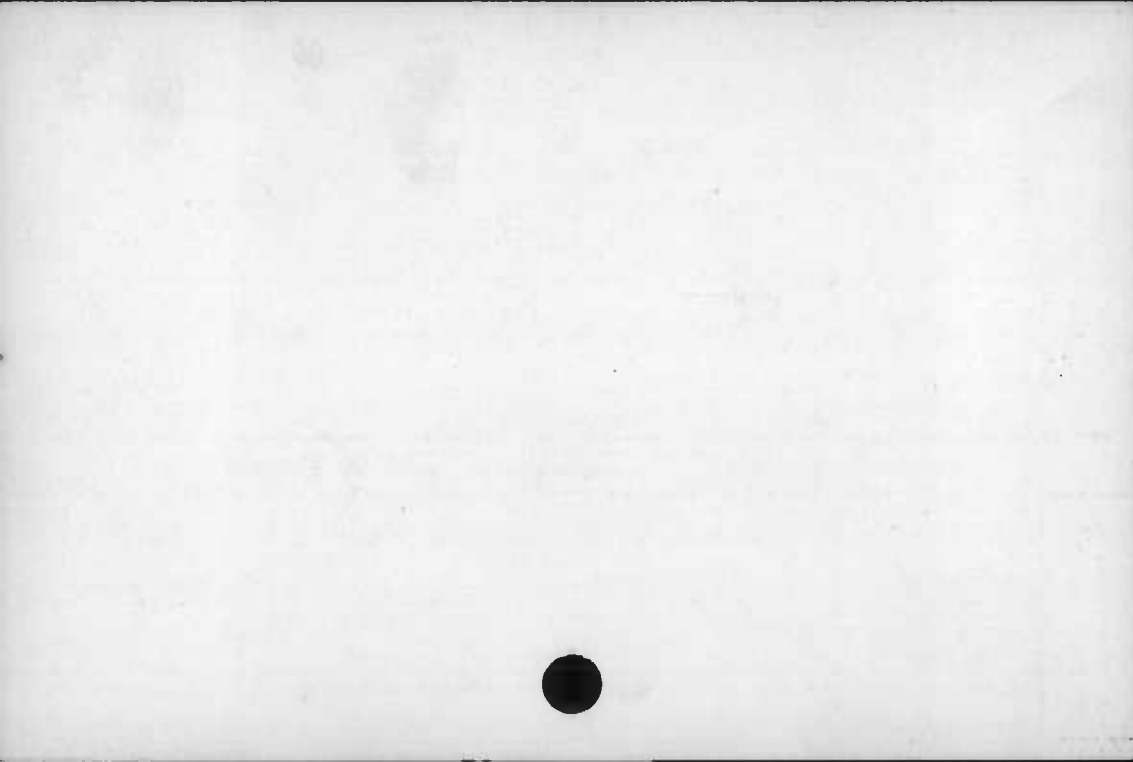
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Florence</i>		^{County} <i>Howard</i>		MARYLAND	
Date of death	<i>1900</i>	Month <i>Feb.</i>	Day <i>10</i>	Age <i>Years</i> <i>—</i>	Months <i>6</i> Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Howard Co.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>At place of death</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Richard Brewer Duwall</i>			Father's Birthplace <i>Howard Co.</i>		
Mother's Maiden Name <i>Margaret Anne Warfield</i>			Mother's Birthplace <i>Howard Co.</i>		
Name of person giving information <i>Richard B. Duwall</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>9 days.</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>J. Albert Nice,</i>	
		Address <i>Mt. Airy,</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anna Virginia Esworthey</i>				Town <i>Flomence</i>		County <i>Honover</i>		MARYLAND	
Died at <i>Flomence</i>		Month <i>February</i>		Day <i>14</i>		Age <i>30</i>		Months <i>7</i> Days <i>27</i>	
Date of death <i>1900</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind Co. Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>at Home</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Clay Esworthey deceased</i>							
Father's Name <i>William Trout</i>				Father's Birthplace <i>Ind Co. Md</i>					
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>B. M. Bowman</i>				How related to deceased <i>Wife</i>					

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>about 9 weeks</i>	
Immediate <i>Heart Failure</i>		How long <i>24 Hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. O. A. Waifield</i>	
		Address <i>Lisbon. Md</i>	
Accident or Suicide?			

In sending this to ^{Brother} ~~Dr~~ ^{Dr} ~~Stokes~~ ^{Stokes}, she
gave me the name of Jenny Ewerthy,
and as such I reported.

R. O. W. Warfield

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

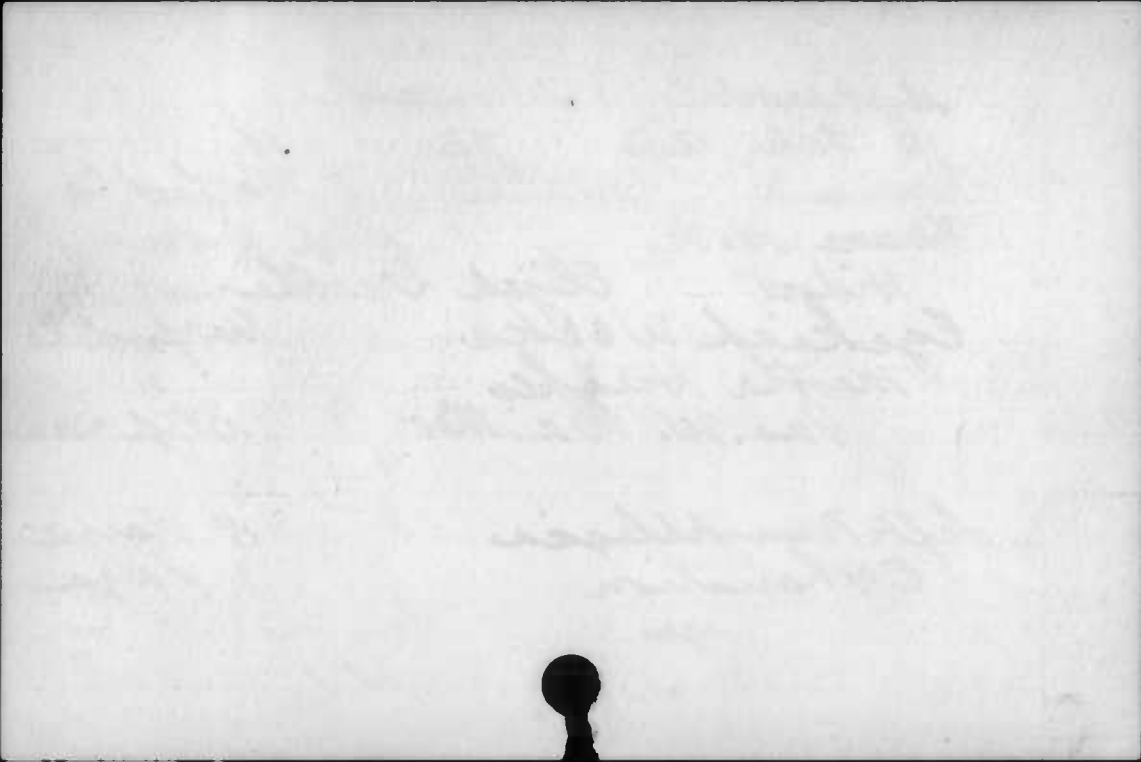
Name in Full <i>Anna Bell Bruden</i>		Town <i>Marionville</i>		County <i>Howard</i>		STATE <i>MARYLAND</i>	
Died at <i>Marionville</i>		Date of death <i>1940 Feb. 5</i>		Age <i>24</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birthplace <i>Howard Co</i>		Days <i>7</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harry Bruden</i>					
Father's Name <i>Warner Anderson</i>		Father's Birthplace <i>Howard Co?</i>					
Mother's Maiden Name <i>Eveline Johnson</i>		Mother's Birthplace <i>Howard Co?</i>					
Name of person giving information <i>Albert King</i>		How related to deceased <i>No relation</i>					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>About 4 mos</i>
Immediate <i>E. effects of above</i>	How long <i>About 1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Steffen Jr.</i>
	Address <i>Sykesville</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Ann Gaither
Dykeville Howard
Town County

MARYLAND

Died at
Date of death 1900 Feb 23 Age 73
Month Day Years Months Days

Sex Female Color or Race white Birth-place Harford Co.
Occupation House work Where Residing if not at place of death Step Son

Married, Single or Widowed Widow Name of Wife or Huaband Elijah Gaither

Father's Name Ezekiah Weeks Father's Birthplace Harford Co.

Mother's Maiden Name Martha Hughes Mother's Birthplace "

Name of person giving Information Jas. M. Gaither How related to deceased Step Son

CAUSES OF DEATH

66

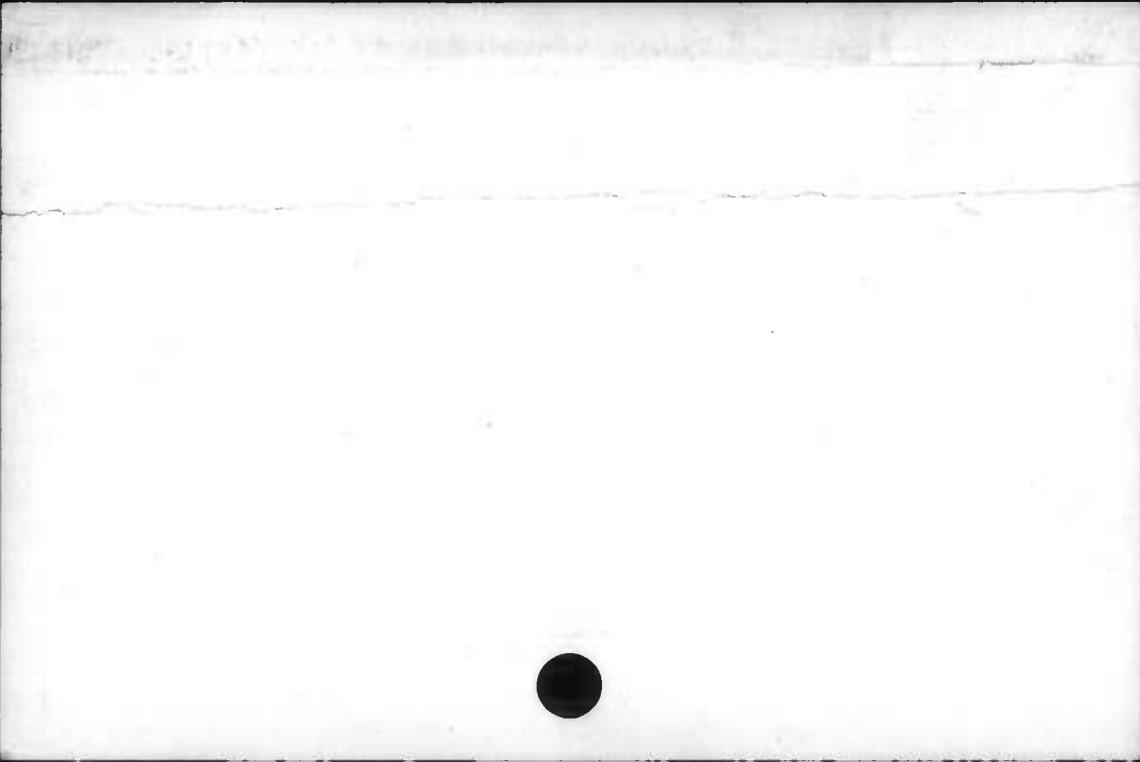
Primary Left Hemiplegia How long 8 days
Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Jno W. Hett Jr
Address West Friendship
Howard Co. Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Olivia A Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Dayton Town Howard County MARYLAND

Date of death 1960 Feb Month 2 Day 64 Age 7 Months — Days

Sex Female Color or Race White Birth-place Ind

Occupation Housewife Where Residing if not at place of death Dayton

Married, Single or Widowed Married Name of Wife or Husband Thasiah Gray

Father's Name Thos O Bottrell Father's Birthplace Ind

Mother's Maiden Name Elizabeth Logan Mother's Birthplace Ind

Name of person giving Information Thasiah Gray How related to deceased Husband

CAUSES OF DEATH

79

How long

3 years

How long

Sudden

PHYSICIAN
OR CORONER

Primary Ischemic Heart

Immediate Acute Distention

Are the name, age, sex, color, date and place correctly given above?

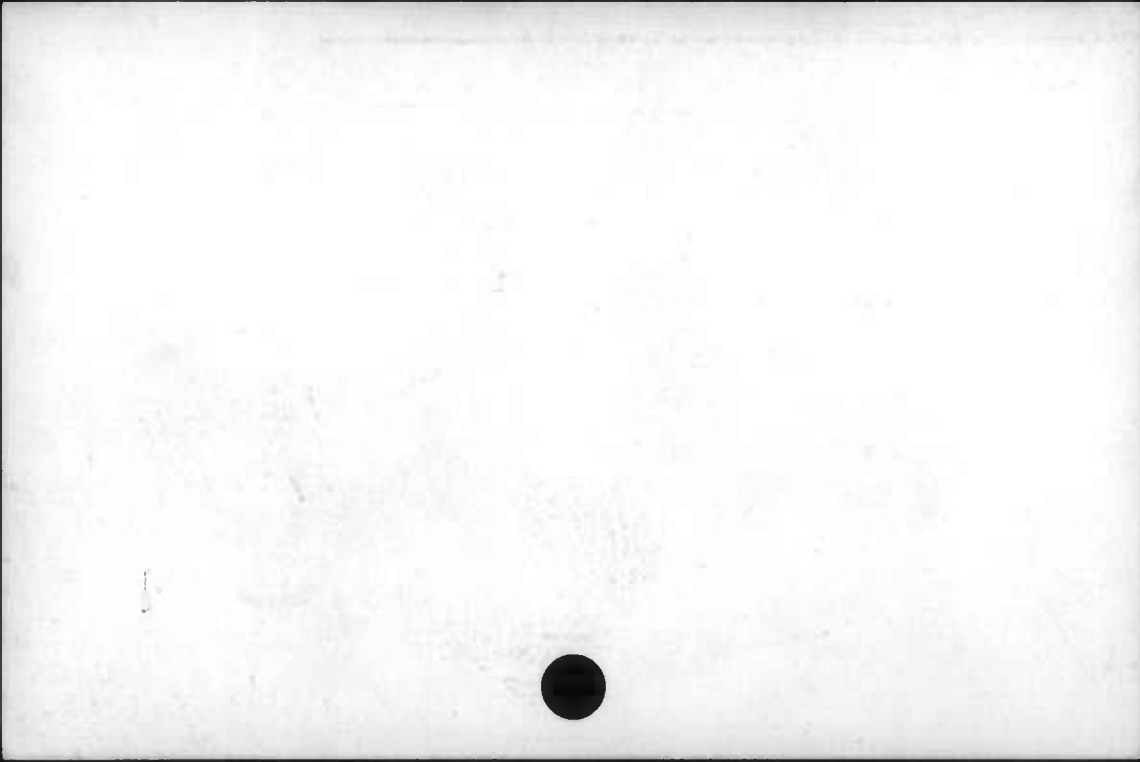
Yes

Signature of Physician

Address

J. H. Nichols M.D.
Dayton Ind

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

George Green

Town

County

MARYLAND

Died at

Coleraine

Howard

Date

of death 1960

Month

Feb

Day

18

Years

Age about 75

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Dennis Moore

How related
to deceased

not at all

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Hepatic Engorgement

How long

2 weeks

Immediate

Dropsy

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

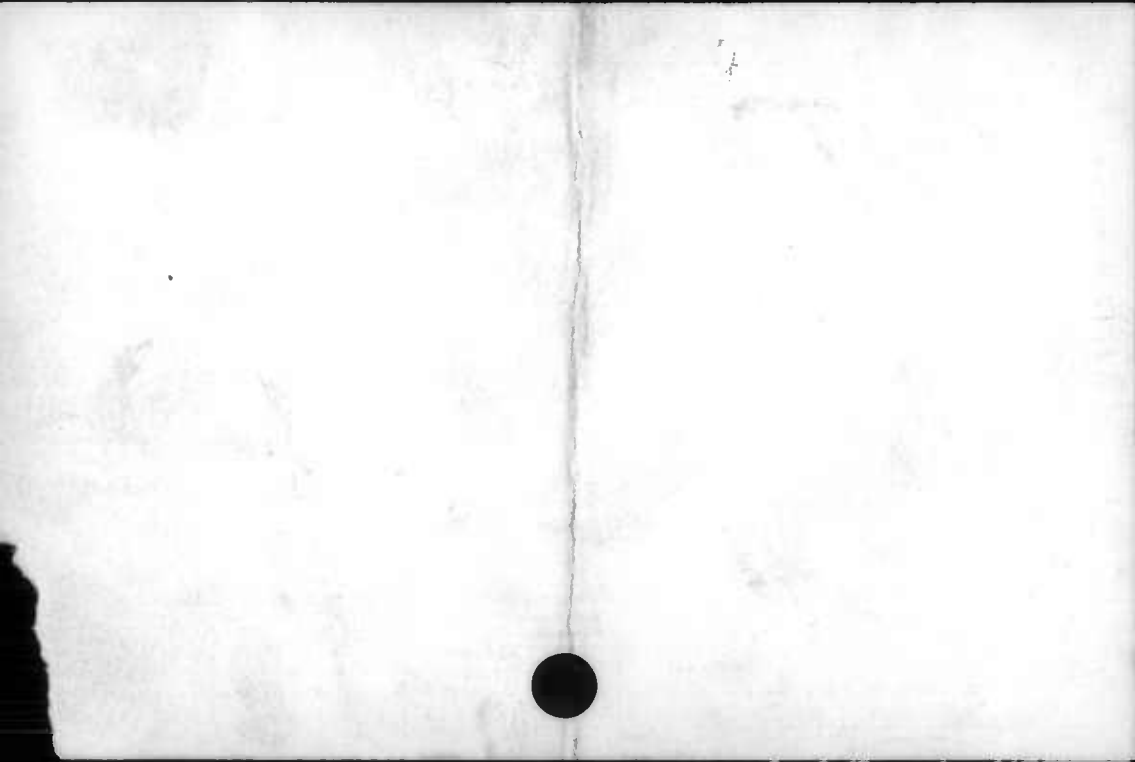
Address

J R Hunt M D

Accident or Suicide

Laurel Md

PHYSICIAN
OR CORONER



Name
in
Full

Isabelle Griffie

CERTIFICATE OF DEATH

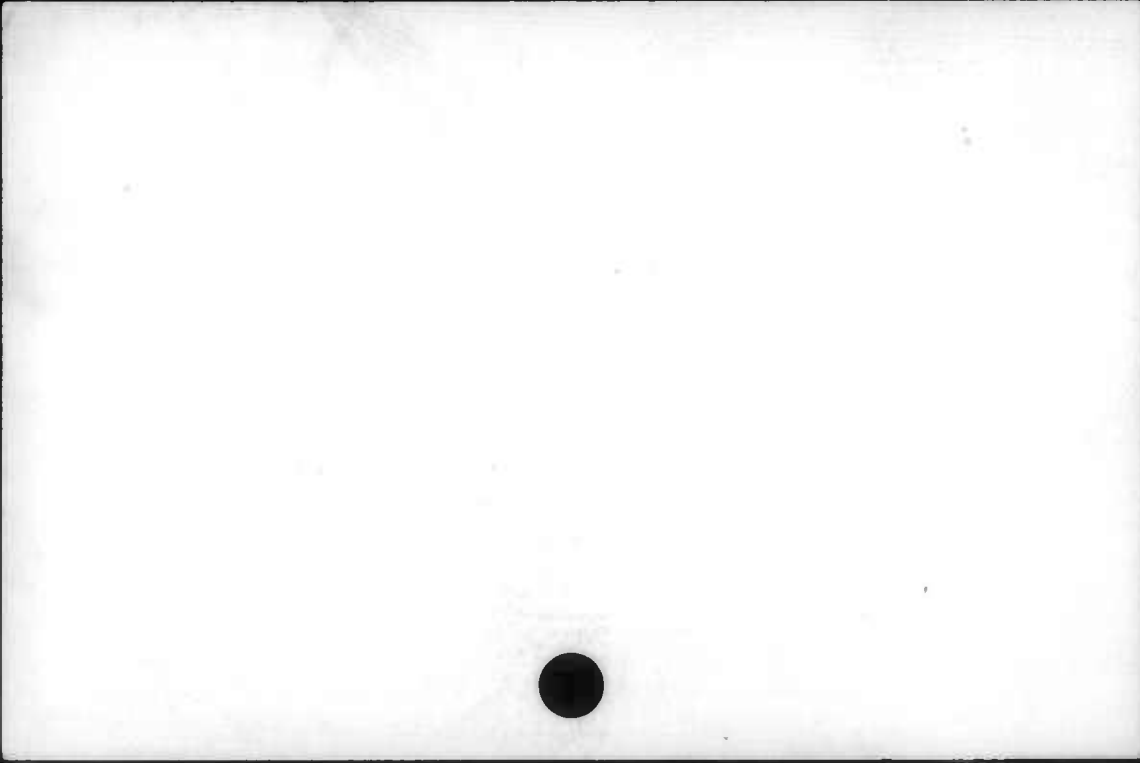
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mayfield</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	1900	Month	Feb	Day	7
Age	—		Years	5	Months
Sex	Female		Color or Race	Black	
Occupation	—		Birth-place	Mayfield	
Married, Single or Widowed			Name of Wife or Husband		
Single			—		
Father's Name			Father's Birthplace		
Dont- Know			Dont Know		
Mother's Maiden Name			Mother's Birthplace		
Isabelle Griffie			Maryland		
Name of person giving Information			How related to deceased		
Clarence Nicolls			Brother in Law		

CAUSES OF DEATH

Primary	<u>Pneumonia</u>	How long	5 days
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<u>James H. H. Jr</u>
		Address	<u>West-Friendship</u>
Accident or Suicide	No		<u>Howard Co.</u>

PHYSICIAN
OR CORONER



Name
in
Full✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Henry Hart

Town

Elliott City

County

Howard

MARYLAND

Date

of death

1940

Month

Feb

Day

21

Age

Years

64

Months

no

Days

no

Sex

Male

Color or
Race

colored

Birth-
place

Maryland

Occupation

Labor

Where Residing if not
at place of death

Carrolls Maynor

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

William Hart

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mollie Hart

Mother's
Birthplace

Maryland

Name of person giving
information

Louise Branson

How related
to deceased

Aunt

CAUSES OF DEATH

74

Primary

Pneumonia

How long

7 months

Immediate

Cerebral

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. B. Branson

Address

Elliott City

PHYSICIAN
OR CORONER

LIBRARY BUREAU ASSOC

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

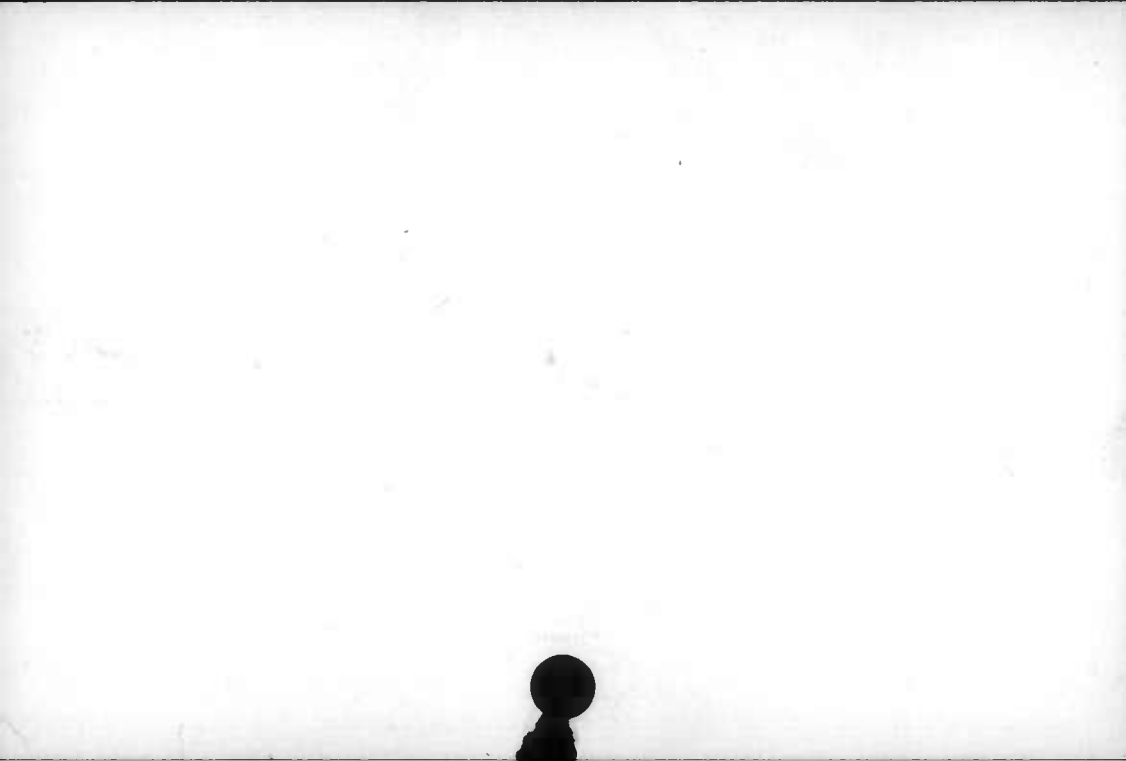
Died at <i>Dayton</i>		Town <i>Dayton</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>Feb</i>	Day <i>11</i>	Age <i>69</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Dayton</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving Information <i>John Hill</i>			How related to deceased				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Nephritis & Valvular Heart disease</i>		How long	<i>Several years</i>
Immediate	<i>Uremia</i>		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>S. A. Nichols</i>	
			Address <i>Dayton Md</i>	
Accident or Suicide				



Name
in
Full

Maud Elizabeth Lowe

CERTIFICATE OF DEATH

Died at

Guilford

County

Howard

MARYLAND

Date

of death

1910 Feb 23

Age

Years

Months

Days

6-

Sex

Female

Color or
Race

white

Birth-
place

Guilford

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

~~Married~~

Name of Wife or
Husband

Father's
Name

Chas R. Lowe

Father's
Birthplace

Va -

Mother's
Maiden Name

Lottie R. King

Mother's
Birthplace

M. C.

Name of person giving
Information

Chas R Lowe

How related
to deceased

Father

CAUSES OF DEATH

Primary

Blue baby -

How long

6 days -

Immediate

Syncope -

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. C. Thompson

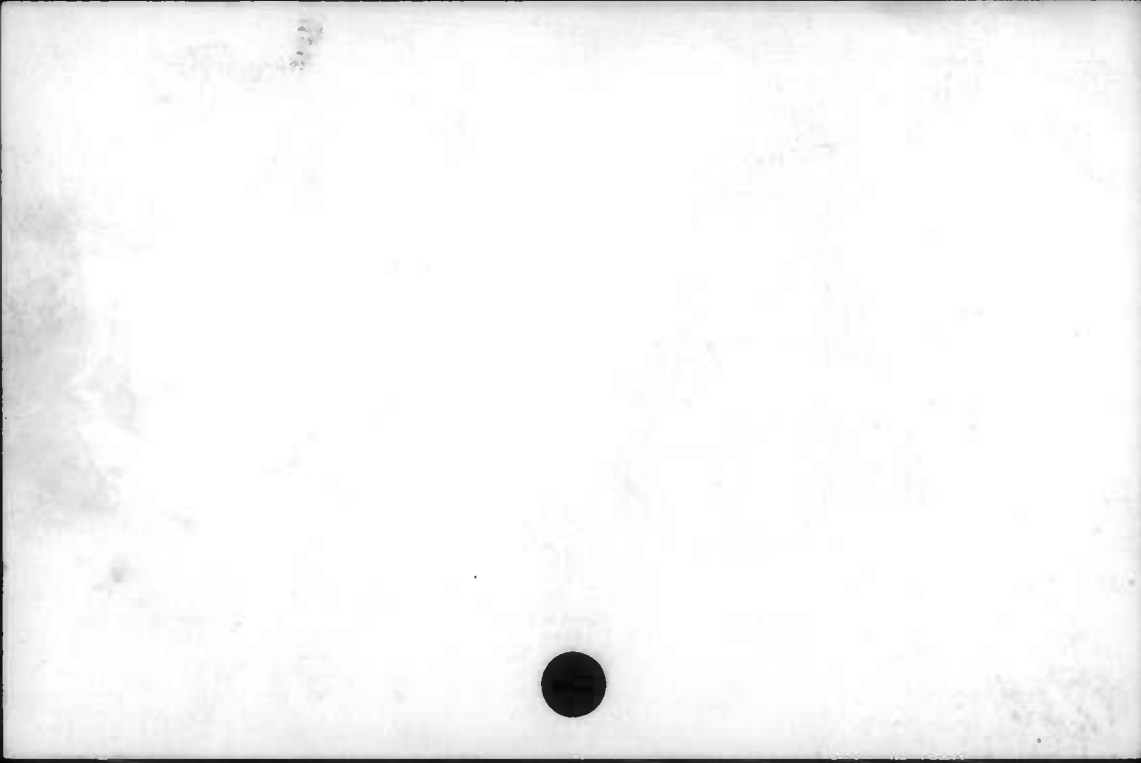
Address

Guilford
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Caron L. Mackinzie

near *Ellicott City* Town

Howard County

MARYLAND

Date

of death

1940 Feb.

10

Age

75

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Eliza Lindall

Father's
Name

David Mackinzie

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah Jones

Mother's
Birthplace

Maryland

Name of person giving
Information

Cardell T. Mackinzie

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senility

How long

About 1 Year

Immediate

Asthenia
Yes.

How long

About 3 Months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. B. Blumbrill
Ellicott City, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

809

Name
in
Full

Charlotte U. Moore

CERTIFICATE OF DEATH

MARYLAND

Died at

Ellicott City

Howard

Date
of death

1910 Feb.

Day 15

Age

Years 76

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House Duties

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Thomas A. Moore

Father's
Name

Landsfield Street

Father's
Birthplace

England

Mother's
Maiden Name

not known

Mother's
Birthplace

not known

Name of person giving
Information

Ella B Moore

How related
to deceased

Daughter

CAUSES OF DEATH

154

Primary

Senile Dementia

How long

About 8 years

Immediate

Cardiac Asthenia

How long

1 year

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Wm B. Gambrell

Address

Ellicott City, Md.

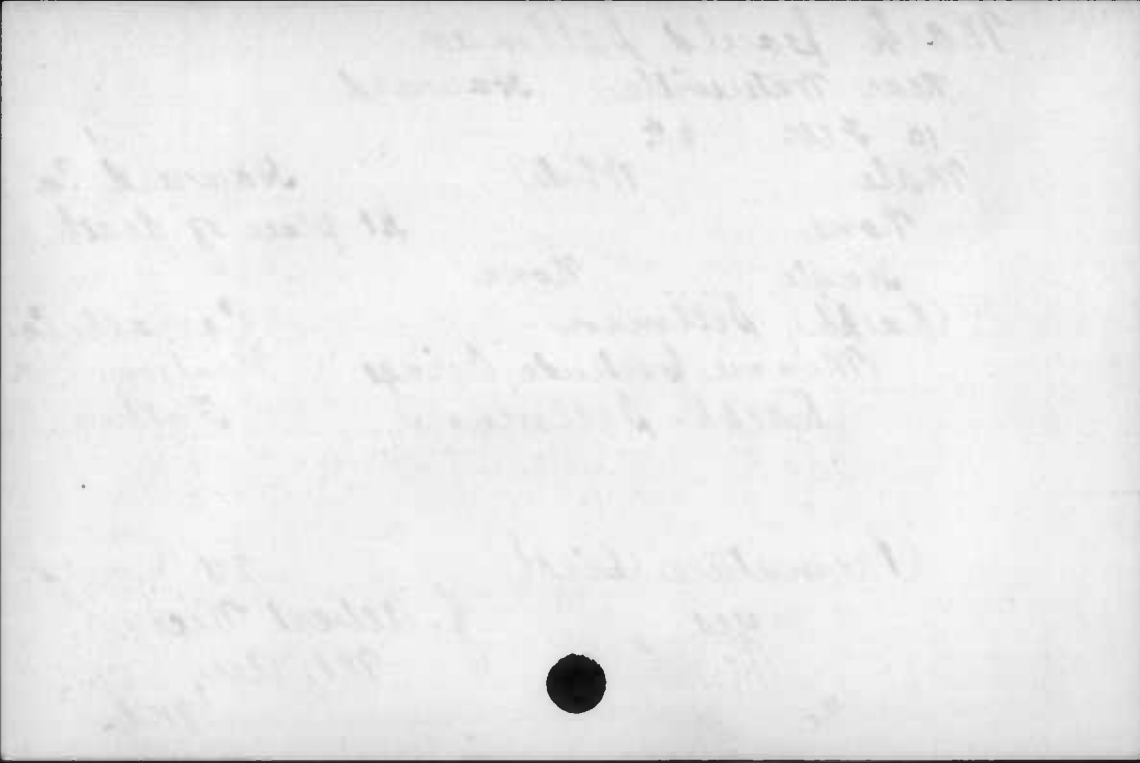
Resident or Coroner

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



018

Name in Full		Clark Owings Sellman.				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Near Waterville</i>		^{County} <i>Howard</i>		MARYLAND								
	Date of death	<i>1900</i>	Month	<i>Feb.</i>	Day	<i>12</i>	Age	Years	<i>—</i>	Months	<i>—</i>	Days	<i>5</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Howard Co</i>					
	Occupation	<i>None</i>			Where Residing if not at place of death			<i>At place of death</i>					
	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>								
	Father's Name	<i>Ralph Sellman</i>						Father's Birthplace	<i>Carrall Co.</i>				
	Mother's Maiden Name	<i>Minnie Owings</i>						Mother's Birthplace	<i>Montgomery Co</i>				
Name of person giving information	<i>Alonzo Sellman</i>						How related to deceased	<i>Uncle</i>					
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">151</div> <div style="font-size: 2em; margin-left: 10px;">V</div> </div> </div>													
PHYSICIAN OR CORONER	Primary						How long		<i>How long</i>				
	Immediate <i>Premature Birth</i>						How long		<i>5 days</i>				
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician		<i>J. Albert Nice,</i>				
							Address		<i>Mr. Ains,</i>				
	Accident or Suicide?								<i>Md.</i>				



Name
in
Full

Mark Gould Sellman

CERTIFICATE OF DEATH

Died at ^{Town} Near Waterville^{County} Howard

MARYLAND

Date
of death 1900Month
Feb.Day
8 1/2Age
Years

Months

Days
1Sex
MaleColor or
Race WhiteBirth-
place Howard Co.Occupation
NoneWhere Residing if not
at place of death At place of deathMarried, Single
or Widowed SingleName of Wife or
Husband NoneFather's
Name Ralph SellmanFather's
Birthplace Carroll Co.Mother's
Maiden Name Minnie Bertrude OwingsMother's
Birthplace Montgomery Co.Name of person giving
information Ralph SellmanHow related
to deceased Father

CAUSES OF DEATH

151

Primary

How long

Immediate

How long 24 hours.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

J. Albert Nice

Mt. Airy

Md.

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lisbon</u> Town		<u>Stomora</u> County			
Date of death	19 <u>80</u> Month <u>February</u> Day <u>3rd</u> Age <u>79</u>	Months <u>11</u>	Days <u>17</u>		
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Baltimore</u>			
Occupation <u>Housekeeper</u>	Where Residing if not at place of death <u>at home</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Danny Reed</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

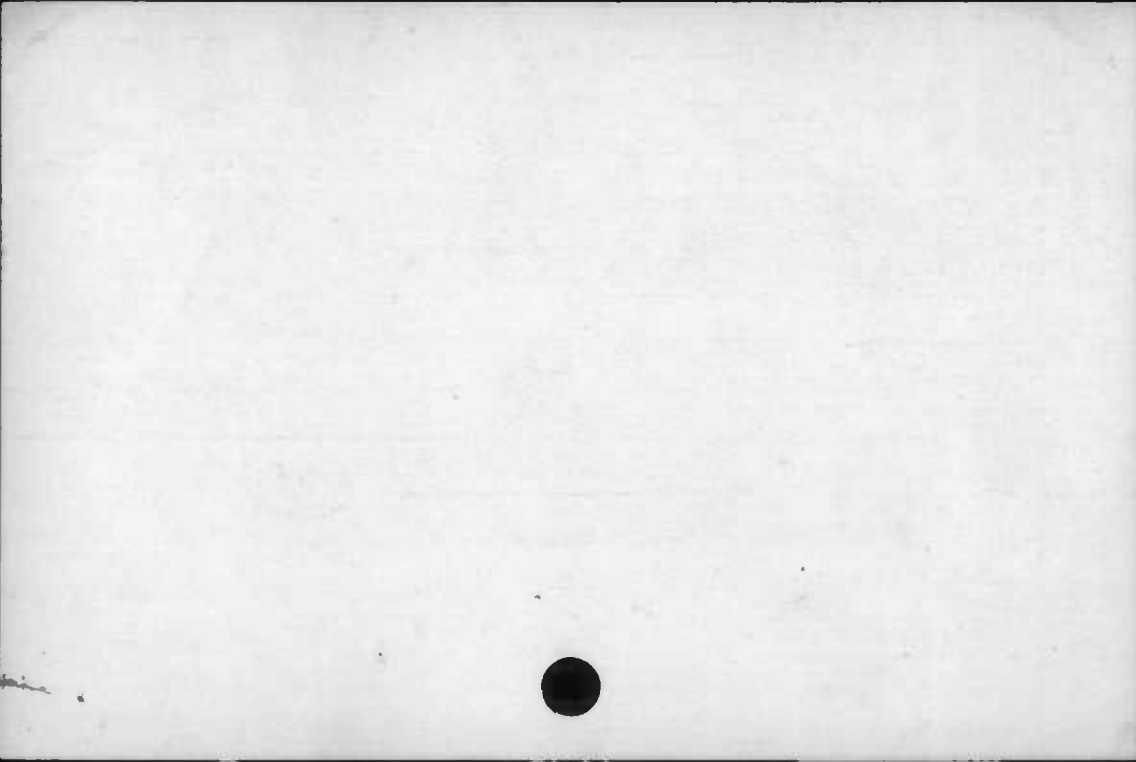
Primary BronchopneumoniaHow long 9 1/2Immediate Heart failureHow long 4 Days

Are the name, age, sex, color, date and place correctly given above?

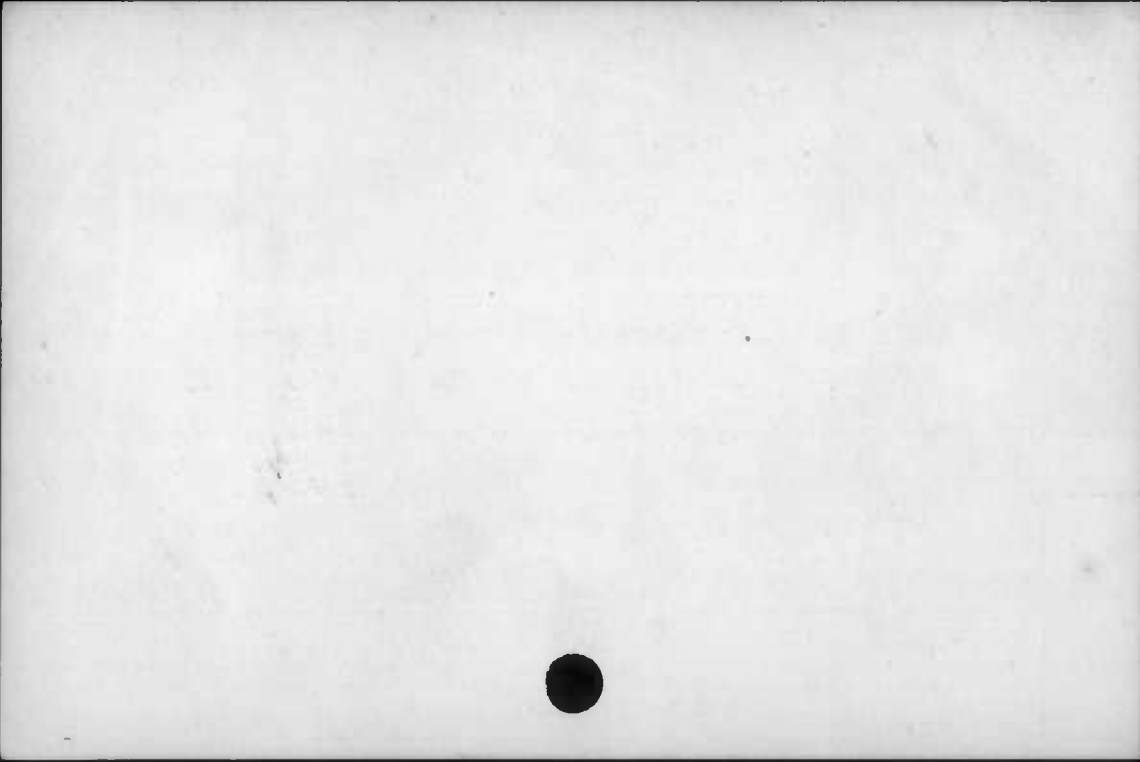
Signature of Physician

Address

Accident or Suicide?



Name In Full <i>Laura Elizabeth Smith</i>		Town <i>Lisbon</i>		County <i>Howard</i>		CERTIFICATE OF DEATH		
Died at <i>Lisbon</i>		State <i>MARYLAND</i>						
Date of death <i>1900</i>		Month <i>Feb</i>	Day <i>28</i>	Years <i>61</i>	Months	Days		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Middlebrook Md</i>				
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Md. City Md</i>						
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>W. E. J. Smith</i>						
Father's Name <i>Jacob Heller</i>		Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Susan Bussard</i>		Mother's Birthplace <i>Md</i>						
Name of person giving Information <i>Heller Smith</i>		How related to deceased <i>Son-in-law</i>						
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		<i>120</i>				
		Primary <i>Chronic Nephritis</i>	How long <i>Don't know</i>					
		Immediate <i>Uremic coma.</i>	How long <i>4 days.</i>					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Lacy.</i>				
PHYSICIAN OR CORONER		Address <i>Lisbon</i>						
		Accident or Suicide?						
						LIBRARY BUREAU 488616		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James C. Taylor

Died at *Ellicott City* Town *Howard* County

Date of death *1900 Feb. 22* Age *no* Months *6* Days *26*

Sex *Male* Color or Race *colored* Birth-place *Ind.*

Occupation *None* Where Residing if not at place of death *Ellicott City*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John Taylor* Father's Birthplace *Ind.*

Mother's Maiden Name *Emma Reedham* Mother's Birthplace *Ind.*

Name of person giving information *Emma Reedham* How related to deceased *Mother*

CAUSES OF DEATH

189

PHYSICIAN
OR CORONERPrimary *Found dead in bed*

How long

Immediate *Not Known*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. B. Gambrell

Address

Ellicott City, Md.

Accident or Suicide?



Name
in
Full

 CERTIFICATE OF DEATH
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Nicholas Wilson</i>		Town <i>Woodstock</i>		County <i>Howard</i>		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>17</i>		Years <i>53</i>	
Date of death <i>1900</i>		Months <i>10</i>		Days <i>13</i>		Age <i>53</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co,</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jessie May Wilson</i>					
Father's Name <i>Joseph Wilson</i>		Father's Birthplace <i>Carroll Co.</i>					
Mother's Maiden Name <i>Sarah Hipshary</i>		Mother's Birthplace <i>Govt town</i>					
Name of person giving Information <i>Jessie May Wilson</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>6 weeks</i>
Immediate	<i>Thrombosis and Embolism</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Skiff</i>	
		Address <i>West Friendship Howard Co. Md.</i>	
Accident or Suicide <i>_____</i>			

PHYSICIAN
OR CORONER

